



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: FRANCISCAN HEALTH DYER

City of Hospital: Dyer

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Renee Krick

Email Address: renee.krick@franciscanalliance.org

Medicare Provider Number: 15-0090

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$264047750
Outpatient Patient Service Revenue	\$277482225
Total Gross Patient Service Revenue	\$541529975

2. Deductions From Revenue

Contractual Allowance	\$426433079
Other Deductions	\$18734899
Total Deductions	\$445167978

3. Total Operating Revenue

Net Patient Service Revenue	\$96361997
Other Operating Revenue	\$11842906
Total Operating Revenue	\$108204903

4. Operating Expenses

Salaries and Wages	\$72802446	Employee Benefits	\$19225521
Depreciation and Amortization	\$11643974	Interest Expense	\$3674179
Bad Debt	\$-556436	Other Expenses	\$55184188
Total Operating Expenses	\$161973872		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-53768969	Total Assets	\$120032078
Net Non-operating Gains over Loss	\$1627000	Total Liabilities	\$74446228

Total Net Gains	\$-52141969
-----------------	-------------

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$267596503	\$202785710	\$64810793
Medicaid	\$80363287	\$57529864	\$22833423
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$193570185	\$166117505	\$27452680
Total	\$541529975	\$426433079	\$115096896

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$155043	\$5584	\$149459

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$38903	\$-38903
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	22
Number of Hospital Patients Educated	197095
Number of Citizens Exposed to Health Education Messages	3169

Statement Six: Charity Statement

Hospital Charity Charges	\$18951362
--------------------------	------------

	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$5067512	
HCI Payments	\$0		
Subtotal	\$0	\$5067512	\$-5067512
Medicaid Shortfalls	\$16090780	\$22028267	
Subtotal	\$16090780	\$27095779	\$-11004999
DSH Payments	\$0		
Subtotal	\$16090780	\$27095779	\$-11004999
Medicare Shortfalls	\$51606094	\$69169149	
Other Government Programs	\$0	\$0	
Total	\$67696874	\$96264928	\$-28568054

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1212438	\$-1212438
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$-132849	\$132849
Other Allocations	\$0	\$0	\$0

Comments

//